

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>American Marketing &amp; Publishing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016
Mailing Address 7380 Sprout Springs Rd Ste 210-248		Amount 1250.00
City Flowery Branch	State GA	Zip Code 30542
Purpose of Expenditure Door Hangers	Category/ Type 006	Transaction ID : SE.6288 Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate MIA LOVE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 4891.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>HWS Headway Work Force Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016
Mailing Address 421 Fayetteville St #1020		Amount 1620.50
City Raleigh	State NC	Zip Code 27601
Purpose of Expenditure Canvasser payroll 8/22-8/31	Category/ Type 001	Transaction ID : SE.6279 Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016
Name of Federal Candidate MIA LOVE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1620.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2870.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 24 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>HWS Headway Work Force Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>421 Fayetteville St #1020</b>		Amount <b>1620.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.6282</b>
Purpose of Expenditure Canvasser payroll 8/22-8/31		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 22 / 2016</b>
Name of Federal Candidate <b>H DOUGLAS OWENS</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought <b>3241.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>HWS Headway Work Force Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>421 Fayetteville St #1020</b>		Amount <b>200.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.6284</b>
Purpose of Expenditure Canvasser Mileage 8/22-8/31		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 22 / 2016</b>
Name of Federal Candidate <b>MIA LOVE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought <b>3441.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1820.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>HWS Headway Work Force Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>421 Fayetteville St #1020</b>		Amount <b>200.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.6286</b>
Purpose of Expenditure Canvasser Mileage 8/22-8/31		Category/ Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 22 / 2016</b>
Name of Federal Candidate <b>H DOUGLAS OWENS</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>200.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>4891.00</b>

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